

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23416 7590 10/05/2004

CONNOLLY BOVE LODGE & HUTZ, LLP
 P O BOX 2207
 WILMINGTON, DE 19899

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

J. LYNN FERRY	(Depositor's name)
<i>J. Lynn Ferry</i>	(Signature)
December 3, 2004	(Date)

12/07/2004 RMEBRAH1 00000158 032775 09807285

01 FC:1501 1370.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/807,285	06/19/2001	Vincent Wilmet	S-98/24	6029

TITLE OF INVENTION: HYDROFLUORINATION CATALYST AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	01/05/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PRICE, ELVIS O	1621	570-169000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Connolly Bove Lodge & Hutz LLP
- 2.
- 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) Solvay (Societe Anonyme)

(B) Belgium

COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-2775 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Ashley I. Perzner

Date

12/3/04

Typed or printed name

Ashley I. Perzner

Registration No.

35,646

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>				Complete if Known																																																																																							
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="border: 1px solid black; padding: 5px;">TOTAL AMOUNT OF PAYMENT (\$) 1,370.00</div>				Application Number		09/807285-Conf. #6029																																																																																					
				Filing Date		June 19, 2001																																																																																					
				First Named Inventor		Vincent Wilmet																																																																																					
				Examiner Name		E. O. Price																																																																																					
				Art Unit		1621																																																																																					
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																							
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order</div><div><input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Deposit Account Number: 03-2775</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Deposit Account Name: Connolly Bove Lodge & Hutz LLP</div> <p>The Director is authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <p>To the above-identified deposit account.</p> <div><input type="checkbox"/> Other (please identify): _____</div>				2. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;">Fee Description</th><th style="text-align: right;">Fee (\$)</th><th style="text-align: right;">Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr><tr><td>Each independent claim over 3</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr><tr><td>Multiple dependent claims</td><td style="text-align: right;">300</td><td style="text-align: right;">150</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr><tr><td colspan="3">Total Claims Extra Claims Fee (\$) Fee Paid (\$)</td></tr><tr><td colspan="3" style="text-align: center;">- 20 or HP = _____ x _____ = _____</td></tr><tr><td colspan="3" style="text-align: center;">HP= highest number of total claims paid for, if greater than 20</td></tr><tr><td>Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)</td><td colspan="2"></td><td></td></tr><tr><td colspan="3" style="text-align: center;">- 3 or HP = _____ x _____ = _____</td></tr><tr><td colspan="3" style="text-align: center;">HP= highest number of independent claims paid for, if greater than 3</td></tr><tr><td>Multiple Dependent Claims Fee (\$) Fee Paid (\$)</td><td colspan="2"></td><td></td></tr><tr><td colspan="3" style="text-align: right;">Subtotal (2) \$</td><td style="text-align: right;">0.00</td></tr></tbody></table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims Extra Claims Fee (\$) Fee Paid (\$)			- 20 or HP = _____ x _____ = _____			HP= highest number of total claims paid for, if greater than 20			Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)				- 3 or HP = _____ x _____ = _____			HP= highest number of independent claims paid for, if greater than 3			Multiple Dependent Claims Fee (\$) Fee Paid (\$)				Subtotal (2) \$			0.00																																							
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Signature				Registration No. (Attorney/Agent)		35,646																																																																																					
Name (Print/Type)		Ashley I. Pezzner		Telephone		(302) 658-9141																																																																																					
				Date		12/3/04																																																																																					



PTO/SB/92 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 09/807285

Attorney Docket No.: 05129-00047-US

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on December 3, 2004
Date

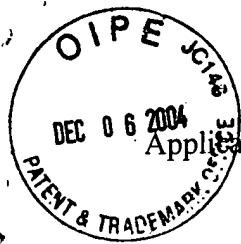

Signature

J. Lynn Ferry

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Of Issue Fee
Form PTOL-85 PART B
Fee Transmittal
Charge \$1,370.00 to deposit account 03-2775



Application No.: 09/807285

Docket No.: 05129-00047-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Vincent Wilmet et al.

Application No.: 09/807285

Group Art Unit: 1621

Filed: June 19, 2001

Examiner: E. O. Price

For: HYDROFLUORINATION CATALYST AND
PROCESS

ISSUE FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Form PTOL-85 PART B; and
2. Fee Transmittal.

Please charge our Deposit Account No. 03-2775 in the amount of \$1,370.00 covering the required fees. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 03-2775, under Order No. 05129-00047-US.

Respectfully submitted,

By

Ashley I. Pezzner

Registration No.: 35,646

CONNOLLY BOVE LODGE & HUTZ LLP

1007 North Orange Street

P.O. Box 2207

Wilmington, Delaware 19899

(302) 658-9141

Attorney for Applicant